PTO/SB/17 (10-08)

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\B	Effective on 12/08/2004. Fees purpose to the Consolidated Appropriations Act, 2005 (H.R. 4818).
CAT & TP	FEE TRANSMITTAL

For FY 2009

(\$)960

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

Complete If Known						
Application Number	10/578,692					
Filing Date	August 26, 2006	_				
First Named Inventor	Nayar, Rajiv et al.					
Examiner Name	Swope, Sheridan					
Art Unit	1652					
Attorney Docket No.	ARR-0037-1 US					

METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order Other (please identify):										
Deposit Account Deposit Account Number: 50-4634/123887-182053 Deposit Account Name: GOODWIN PROCTER LLP										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
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under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card										
information and authorization			edit card informat	ion snould not be	meradea on this		·			
FEE CALCULATION										
1. BASIC FILING, SEA	ARCH, AND	EXAMINATIO	N FEES							
,	FILING F		SEARCH I		EXAMINA	ATION FEES				
	_	Small Entity	F (A)	Small Entity	=== (#\	Small Entity	P D-14 (A)			
Application Type	Fee (\$) 330	<u>Fee (\$)</u> 165	<u>Fee (\$)</u> 540	<u>Fee (\$)</u> 270	<u>Fee (\$)</u> 220	<u>Fee (\$)</u> 110	Fees Paid (\$)			
Utility		110	100	50	140	70				
Design	220				• .•	-				
Plant	220	110	330	165	170	85 _				
Reissue	330	165	540	270	650	325				
Provisional	220	110	0	0	0 -	0 _				
2. EXCESS CLAIM FE	ES				*		mall Entity			
Fee Description	. L. Ji D. i					Fee (\$)	Fee (\$)			
Each claim over 20 (inc Each independent clain			ec)			52 220	26 110			
Multiple dependent class	•	ruumg Keissu	CS)			390	195			
Total Claims	Extra Cla	ims Fee	e (\$) Fees Paid (\$)		Multiple Dependent Claims					
- 20 or HF) =	x	=			<u>Fee (\$)</u>	Fee Paid (\$)			
HP = highest number of total of	•	-	· (4)	: 4 (6)						
Indep. Claims - 3 or HP	Extra Cla		(\$) <u>Fees Pa</u> -	<u>na (\$)</u>						
HP = highest number of indep		aid for if greater t	han 3							
3. APPLICATION SIZE		ala lor, il gicalor i								
If the specification		s exceed 100	sheets of paper	r (excluding ele	ctronically fi	led sequence or	computer			
listings under 37 C										
sheets or fraction t										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$)										
	Other (e.g., late filing surcharge): RCE Fee \$405 and 3 months Extension of Time Fee \$555									
Other (v.g., fate thing survivinge). NOD I see \$445 and 5 months December of Third I se \$4555										

SUBMITTED BY Signature Registration No. 54,997 Telephone 650-752-3100 (Attorney/Agent) Name (Print/Type) Date September 4, 2009 Jeffery P. Bernhardt

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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